U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2008

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This report is mandatory under P.L. 86-257, as amended Fa!ure to comply may result in criminal prosecution, fines, or ci.sl penalties as provided by 29 U.S.C 439 or 440.

| READ THE INSTRUCTIONS CAR | REFULLY BEFORE PREPARING THIS REPORT. | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| E ALIZZONE | | |
| 1. File Number U-/7/192 | 2. Fiscal Year Covered From: | |
| - | 01 / 01 / 2004 Through: 12 /31 / 2004 | |
| 3. Name and address of person filing. | Name, file number, and address of labor organization. | |
| Name Craig J Counsell | Name Major League Baseball Players As | |
| | Labor Organization File Number 064 – 727 | |
| P.O. Box, Bldg., Room No., if any Suite 3.0 | P.O. Box, Building and Rcom Number, if any | |
| Street 1200 Shermer Road | Street 12 E. 49th Street | |
| City Northbrook | City New York | |
| State IL ZIP Code + 4 60062 | State New York ZIPCode+4 10017 | |
| nonetary value from an employer whose employees your orgals. Name and address of Employer (including trade name, if any). Name | 7.a. Nature of Interest, Transaction, or Income. | |
| Trade Name, if any: | | |
| P.O. Box, Bidg., Room No., if any | 7.b. Amount | |
| Street | | |
| City | | |
| State ZIP Code + 4 | | |
| | Signature | |
| 15. Signature and verification. The undersigned declaras, under per submitted in this report (including the information contained in any accountersigned's knowledge and belief, true, correct, and complete. (See | nalty of Perjury and other applicable panalties of the law, that all of the information ompanying documents), has been examined by the signatory and is, to the best of the ethe section on penalties in the instructions.) | |
| Signed Man Strong | On 08/13/05 847-559-8420 | |
| | Date Telephone Number | |

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name if any). 9. Business deals with: Nike USA X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer One Bowerman Drive Street City Beaverton ZIP Code + 4 97005 0R State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name MLBPA Licensee Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street \$108,269.11 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. payment for endorsement; use of ZIP Code + 4 State shoes and equipment \$3,583.59 12.b. Amount.

| Name and address of Employer or Labor Relations Consultant (including trade name, if any). | | 14.a. Nature of payment. | |
|--------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------|--|
| Name | | | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any | | | |
| Street | | | |
| City | | | |
| State | ZIP Code + 4 | | |
| 13.b. Is the Business an Employer | or Consultant ? | 14.b. Amount of payment. | |

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

ZIP Code + 4

or Consultant

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substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name if any). 9. Business deals with: Name UPPER DECK LLC a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 5809 Sea Otter Place Carlsbad City CA ZIP Code +4 92008 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name MLBPA Licensee Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. \$4,061,574.03 City 12.a. Nature of interest held or income received. State ZIP Code + 4 autographing baseballs \$3,000.00 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:

14.b. Amount of payment.

Street

City

State

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

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or Consultant

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substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any) 9. Business deals with: Name Topps, Inc. X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street One Whitehall Street City New York ZIP Code + 4 10004 New York State 11.a. Nature of such dealing. 10, if 9.b. or 9.c. is checked give trust or employer's name. MLBPA Licensee Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. \$4,832,269.48 City 12.a. Nature of interest held or income received. ZIP Code + 4 State licensing likeness on baseball card \$575.00 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name

14.b. Amount of payment.

Trade Name, if any:

Street

City

State

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer